

<b>Mobility Fund</b> <b>Phase 1 - §54.1009 Annual Reporting</b> <b>Data Collection Form</b>	FCC Form Approved by OMB OMB 3060-1185 Avg. Burden Estimate per Respondent: 18 Hours
<010> Study Area Code	558001
<015> Study Area Name	Commnet of Nevada, LLC
<020> Program Year	2016
<030> Contact Name: Person USAC should contact with questions about this data	Rohan Ranaraja
<035> Contact Telephone Number: Number of the person identified in data line <030>	5014481249 ext.
<039> Contact Email: Email of the person identified in data line <030>	rranaraja@atni.com

<040> **Has the information required pursuant to §54.1009 been provided with a Form 481 filing (Y/N)** <040> ☐ ☒

<041> Attach a description of the documents filed with the Form 481 reporting

<041>

<042> Cite the Study Area Code (SAC) for the Form 481 reporting

<042>

<080> **Tribal Lands Reporting (y/n?)** *(Does this study area cover tribal lands? Yes or No)*

☐ ☒

**Notice to Individuals Required by the Paperwork Reduction Act of 1995**

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements)

Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

**(050) Carrier Contact Form**

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<039>	Contact Email Address - Email Address of person identified in data line <030>	rranaraja@atni.com

**Reporting Carrier / Mobility Fund Phase 1 Winning Bidder**

<110>	FCC Registration Number	18122879
<111>	Filing Carrier Name	Commnet of Nevada, LLC
<112>	Winning Bidder Carrier Name	Commnet of Nevada, LLC
<113>	Street Address (or PO Box)	1001 Technology Drive, Suite 202
<114>	City	Little Rock
<115>	State	AR
<116>	Zip-Code	72223
<117>	Telephone Number	5014481249 ext.
<118>	Fax Number	5014481151
<119>	Email Address	rranaraja@atni.com

**Contact Information**

if same as above, indicate in this box



<120>	Name (First, MI, Last, Suffix)	Rohan Ranaraja
<121>	Filing Carrier Name	Commnet of Nevada, LLC
<122>	Street Address (or PO Box)	1001 Technology Drive Suite 202
<123>	City	Little Rock
<124>	State	AR
<125>	Zip-Code	72223
<126>	Telephone Number	5014481249 ext.
<127>	Fax Number	5014481151
<128>	Email Address	rranaraja@atni.com

**Authorized Agent Information**

if no agent, indicate in this box



<130>	Name (First, MI, Last, Suffix)	
<131>	Company	
<132>	Street Address (or PO Box)	
<133>	City	
<134>	State	
<135>	Zip-Code	
<136>	Telephone Number	
<137>	Fax Number	
<138>	Email Address	

<b>(070) Urban Rate Comparability Certification Compliance</b>	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 4 of 8
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**TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:**

<b>Certification of Officer or Employee as to Compliance with 47 CFR §54.1009(a)(4)</b>	
I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	Comnet of Nevada, LLC
Signature of Authorized Officer:	CERTIFIED ONLINE
Printed name of Authorized Officer:	Rohan Ranaraja
Title or position of Authorized Officer:	Director Regulatory Compliance
Telephone number of Authorized Officer:	5014481249 ext..
Study Area Code of Reporting Carrier:	558001
Filing Due Date for this form:	07/01/2016
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

**TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:**

<b>Certification of Officer or Employee to authorize an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier</b>	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

**TO BE COMPLETED BY THE AUTHORIZED AGENT:**

<b>Certification of Agent Authorized to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier</b>	
I, as agent for the reporting carrier, certify that I am authorized to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	
Name of Authorized Agent Firm:	
Signature of Authorized Agent or Employee of Agent:	Date:
Name of Authorized Agent Employee:	
Title or position of Authorized Agent or Employee of Agent:	
Telephone number of Authorized Agent or Employee of Agent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

(080) Tribal Lands Reporting

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<039>	Contact Email Address - Email Address of person identified in data line <030>	rranaraja@atdi.com

<142> State

<143> County

<144> Tribal Land(s) on which ETC Serves

<145> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes, No, Not Applicable) for each of these boxes to confirm the status described on the attached PDF, on line 145, demonstrates coordination with the Tribal government pursuant to § 54.1004 includes:

- <146> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
- <147> Feasibility and sustainability planning;
- <148> Marketing services in a culturally sensitive manner;
- <149> Compliance with Rights of way processes
- <150> Compliance with Land Use permitting requirements
- <151> Compliance with Facilities Siting rules
- <152> Compliance with Environmental Review processes
- <153> Compliance with Cultural Preservation review processes
- <154> Compliance with Tribal Business and Licensing requirements.

Select (Yes, No, Not Applicable)

(090) Project Update Information

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<010>	Study Area Code	558001
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<039>	Contact Email Address - Email Address of person identified in data line <030>	rranaraja@atni.com

<200>	Date Authorized to Receive Support	08/16/2013
<201>	Targeted Completion Date	08/16/2015
<202>	Total Mobility Fund Support Awarded	
<203>	Total Mobility Fund Support Disbursed	

<210>	Actual Completion Date	
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<211>	Project Status Description (attached)	558001 Project Status.pdf
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{Name of PDF attached}

Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate.

<212>	Status of Network Deployment - Network Design	<input checked="" type="checkbox"/>
<213>	Status of Network Deployment - Construction	<input checked="" type="checkbox"/>
<214>	Status of Network Deployment - Deployment	<input checked="" type="checkbox"/>
<215>	Status of Network Deployment - Maintenance	<input checked="" type="checkbox"/>
<216>	Project Budget Status	<input checked="" type="checkbox"/>
<217>	Project Plan Status	<input checked="" type="checkbox"/>

<218>	Network will Support 3G/4G Mobile Service ?	<input checked="" type="radio"/> 3G <input type="radio"/> 4G
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<140> Coverage and Performance Report Year 06/2015 - 06/2016

Coverage and Performance attachments

Percentage of Total  
Population Reached by  
Service

Percentage of Total  
Road Miles covered  
by Service

79

(101) Certification - Reporting Carrier

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TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for Mobility Fund Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	Commnet of Nevada, LLC
Signature of Authorized Officer:	CERTIFIED ONLINE Date 06/28/2016
Printed name of Authorized Officer:	Rohan Ranaraja
Title or position of Authorized Officer:	Director Regulatory Compliance
Telephone number of Authorized Officer:	5014481249 ext.
Study Area Code of Reporting Carrier:	558001 Filing Due Date for this form: 07/01/2016
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(102) Certification - Agent / Carrier

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File for Mobility Fund Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the reports for Mobility Fund recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent Firm: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Name of Authorized Agent Employee: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

## Attachments



[USAC Home](#) [High Cost Program](#) [Search Tools](#)

[Form 690](#)

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## CONFIRMATION

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**Congratulations. Your filing has been successfully certified.**

Filing 1 was successfully certified on Tue 28 Jun 16 10:53:42 AM EDT by rranaraja@atni.com .

SAC : 558001

498 ID : 143036650

Carrier Name : Commnet of Nevada, LLC

Program Year : 2016

Filing Type : Annual Reporting

A confirmation email will be sent to the email address on record for your user ID. Please email USAC at [HCCERTS@USAC.ORG](mailto:HCCERTS@USAC.ORG) if you do not receive this email within 24 hours.

Please take this quick survey and give us your thoughts! Your feedback will help improve the filing process. [Take Survey](#)

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**Confidential Attachments  
Withheld From Public Inspection**